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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None*  
*(1144)*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*  
*(1144)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/12/1999

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and Acknowledged | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>23 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE  
 SYSTEM AND METHOD FOR REVERSE LINK OVERLOAD CONTROL

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1606 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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